SECRETARY OF THE SENATE PUBLIC RECURDS
2017 OCT 19 AN IO: 37

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler:
Employing Office/Committee: Capito
Private Sponsor(s) (List all):
August 13-20, 2017 Travel Date(s):
Description/Title of Attached Forms:

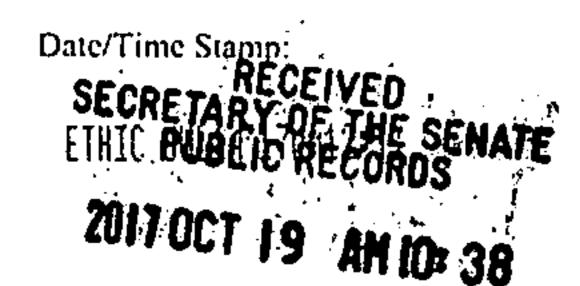
Purpose of Amendment (describe the reason for amending original submission):Post-travel submission
must be amended with the Office of Public Records in SH-232.
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10/19/17 (Date (Signature of Traveler)

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EMPLOYEE PRE-TRAVEL AUTHORIZATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.



Name of Traveler:	Joel Brubaker	
Employing Office/Committee	Office of Senator Shelley Moore Capito	
Private Sponsor(s) (list all):	nerican Israel Education Foundation, AIEF	
August 13-2 Travel date(s):	2017 tend the trip for any reason you <u>must</u> notify the Committee.	
Note: If you plan to e	end the trip for any reason you must notify the Committee.	
Destination(s):		
Explain how this trip is speci:	cally connected to the traveler's official or representational duties:	
As Senator Capito's character This trip will help him to inform his policy decision.	ef of staff, Joel Brubaker advises the Senator on foreign policy decisions. learn more about the relationship between Israel and America, and better ns going forward.	
Name of accompanying famil Relationship to Employee:		
I certify that the information of	ontained in this form is true, complete and correct to the best of my knowledge:	
(Date)	(Signature of Employee)	
TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):		
Senator Shelley N	·	
(Print Senator's/Offi		
related expenses for travel to	spervision, to accept payment or reimbursement for necessary transportation, lodging, and e event described above. I have determined that this travel is in connection with his or her an officeholder, and will not create the appearance that he or she is using public office for	
I have also determined that the of the Senate. (signify "yes" by	attendance of the employee's spouse or child is appropriate to assist in the representation hecking box)	
7/14/2017 (Date)	Signature of Supervising Senator/Officer)	
(Duit)	(Syjuuure oj Supervising Senator/Ojjicer)	